**Acknowledgement of Risk and Liability Waiver for an Athlete**

I ……………………………………………………………………………………… (name in full)

confirm that I am registering to compete in this SLSNZ event knowing I currently have the following injury / illness. ………………………………………………………..…………………………………………………………………………………………………………………………………………………………….(describe injury) I acknowledge that there is a risk that this injury may be further exacerbated due to my participation, and I accept full responsibility for any and all outcomes that may eventuate from my participation in SLSNZ Events. Additionally, I accept full liability for any loss or damage that may result from my participation in SLSNZ Events, and indemnify Surf Life Saving New Zealand (SLSNZ) for any loss or liability claim directly arising from this participation. I accept that SLSNZ reserves the right to exclude myself from participation in selected events on the grounds that this injury may potentially place other competitors at risk.

Signature: …………………………………………… Date: …………../………./…………….